PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

101.584727

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------|-------------------------------|-------------------------------------------|------------------|---|---------------------|------------------------|-----|----------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | OR | OTHER THAN | |
| U.S. NATIONAL STAGE FEES | | | | 11) | (0 | . Column 2) | | RATE | FEE | | RATE | FEE |
| BAS | IC FEE | | SMALL ENT. | = \$ 150 | LARGE ENT. = \$ 300 | | | BASIC FEE | \$150 | OR | BASIC FEE | \$300 |
| EXAMINATION FEE | | | Satisfies PCT Ai | | All other situations = \$ 100 / \$ 200 | | · | EXAM. FEE | 100 | | EXAM. FEE | |
| SEA | RCH FEE | | U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400 | | ALL other situations = \$ 250 / \$ 500 | | | SEARCH FEE | Der | , | SEARCH FEE | |
| FEE | FOR EXTRA S | PEC. PGS. | mine | us 100 = | / 50 = | | | X \$ 125 = | . / | | X \$ 250 = | |
| тот | AL CHARGEAE | BLE CLAIMS | // minus 20 = * | | | / | | X \$ 25 = | | OR | X \$ 50 = | |
| IND | EPENDENT CL | AIMS | 3 m | inus 3 = | * | | | X \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPENI | DENT CLAIM PRI | SENT | | | | | ,+ \$ 180 = | | OR | + \$ 360 = | |
| * If | the difference | in column 1 is | ess than zero, enter "0" in | | | lumn 2 | | TOTAL | 450 | OR | TOTAL | • |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL E | ENTITY | OR | OTHER THAN SMALL ENTITY | |
| NT A | | CLAIMS REMAINING AFTER AMENDMENT | • | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| AME | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | • | (Colur | mn 2) | (Column 3) | | | | | • | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | EST BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 7 | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | · | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR: | + \$ 360 = | |
| | | | | | | | | TOTAL ADDIT. FEE | · | OR | TOTAL ADDIT. FEE | |
| | | | | | • | | | | | • . | • | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". | | | | | | | | | | | | |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.